



2019
 RALPH LUNDY SOCCER ACADEMY
 3134 BALL COURT
 MT. PLEASANT, SC 29466-8008

Send this form with your \$250 deposit to reserve your space. There is a late registration fee of \$25 for all applications after June 1st. After June 1st, please send full payment plus the \$25 late fee. If paying by credit card, the full amount will be charged.

• Please apply early. Many camps sold out in 2018 •
PLEASE COMPLETE ALL INFORMATION ON BOTH PAGES.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone (w/ AC) _____ - _____ - _____ Current Grade _____

Age: _____ Birthday (MM/DD/YY): ____ / ____ / ____ Sex: Male Female

Is your team or group attending camp? YES NO

If YES, the name of your team is: _____

Please indicate: Field Player Goalkeeper Both

Roommate Request(s): _____

• Airport shuttle required (If yes, please attach itinerary and \$50 fee): Yes No

E-mail (REQUIRED) _____

PLEASE CHECK APPROPRIATE SESSION (Note: *The Elite Players School is for Ages 13-18*)

University of West Georgia • Carrollton, GA		Regular	ELITE
<input type="checkbox"/> June 9 -12	Ages 9-13 (Coed)	<input type="checkbox"/> \$580	N/A
<input type="checkbox"/> June 9 -12	Ages 13-18 (Coed)	<input type="checkbox"/> \$580	<input type="checkbox"/> \$715
Darlington School • Rome, GA		Regular	ELITE
<input type="checkbox"/> June 15-18	Ages 9-13 (Coed)	<input type="checkbox"/> \$580	N/A
<input type="checkbox"/> June 15-18#	Ages 13-18 (Coed)	<input type="checkbox"/> \$580	<input type="checkbox"/> \$715
Wofford College • Spartanburg, SC		Regular	ELITE
<input type="checkbox"/> June 22-25	Ages 9-13 (Coed)	<input type="checkbox"/> \$580	N/A
<input type="checkbox"/> June 22-25# **	Ages 13-18 (Coed)	<input type="checkbox"/> \$580	<input type="checkbox"/> \$715
College of Charleston Soccer Complex • Mt Pleasant, SC			ELITE
<input type="checkbox"/> June 25-28	Ages 9-16 (Coed – DAY CAMP)	<input type="checkbox"/> \$225	N/A
<input type="checkbox"/> July 15-18	Ages 9-16 (Coed – DAY CAMP)	<input type="checkbox"/> \$225	N/A
<input type="checkbox"/> July 28-31# **	Ages 13-18 (Boys ONLY)	N/A	<input type="checkbox"/> \$715

- College Showcase ** - Team Camp *suggested* (These suggestions are not a requirement.)

• **If you pay by credit card, the full amount will be charged.** In addition, when you register using your credit card, you will incur a processing fee, as we use a secure site for the transaction. VISA MasterCard

Credit Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Name on Card _____ CVV # _____

• Please make checks payable to: **Ralph Lundy Soccer Academy**

FOR OFFICE USE ONLY

Deposit Received \$ _____ Date _____ Check # _____

Balance Received \$ _____ Date _____ Check # _____ Balance Due \$ _____



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Parental Consent Form

All areas of this form must be completed and signed by Parent/Guardian

Camper's Name _____ Birth Date _____

Address City _____ State _____ Zip _____

Parent/Guardian Name _____ Relationship _____

Allergic Reactions (drugs, food, asthma. . .) YES NO

If yes, list: _____

Taking any medication at this time? YES NO

If yes, list: _____

Special Needs? YES NO

If yes, list: _____

In Case of Emergency _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO. _____ Group # _____

POLICY HOLDER _____ POLICY # _____

• RALPH LUNDY SOCCER ACADEMY RELEASE STATEMENT •

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Ralph Lundy Soccer Academy and it staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

 Parent/Guardian Signature

 DATE